

<p align="center">DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</p> <p> <input type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing </p>		Attorney Docket No.	3259-101
		First Named Inventor	SOMERVILLE
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	Herewith
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **FAIRING FOR A RISER**, the specification of which corresponds to International Application No. PCT/GB2004/003107, filed 19 July 2004.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
0319438.8	GB	08/19/2003		

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

I or we hereby appoint the registered practitioner(s) associated with Customer No. **6449** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number **6449**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: David Michael Ruthven (first and middle [if any])		Family Name: SOMERVILLE or Surname	
Inventor's Signature <i>David Michael Ruthven</i>		Date <i>3 October 2006</i>	
Residence: City: Wigan	State:	Country: United Kingdom	Citizenship: United Kingdom
Mailing Address: 93 Lincoln Drive, Aspull, Wigan WN2 1XB, United Kingdom			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: Robert (first and middle [if any])		Family Name: GIBSON or Surname	
Inventor's Signature <i>Robert Gibson</i>		Date <i>3/10/06</i>	
Residence: City: Lancashire	State:	Country: United Kingdom	Citizenship: United Kingdom
Mailing Address: Deneside, High Bank Lane, Lostock, Bolton, Lancashire BL6 4DT, United Kingdom			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: (first and middle [if any])		Family Name: or Surname	
Inventor's Signature		Date	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: (first and middle [if any])		Family Name: or Surname	
Inventor's Signature		Date	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			